ROSCET OTHE THIRT OTHE

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification	(Note: 111	Report Filed 6				Committee	<u> </u>	Lobbyist
Number	ĺ	(Mark X)	sy Canulo	ate	$X \parallel$	Committee		Loppyist
Name of Filing Committee, Ca Lobbylst	ındidate or	Michael Pace						<u> </u>
Street Address		770 W. Townh	all Rd.					
City Waterfor	rd		State	Pa		Zip Code	16441	
Type of Report (Place x under	report type)							
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary		4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	1 _	Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
, , , , , , , , , , , , , , , , , , , ,	Findary	FIE- EIGCHOIL	Tre-Election		1 2 4			
Date Of Election (MM/DD/YYYY)	11/5	Year	2019	Amendme Report	ent		Termination Report	
Summary of Receipts and	From Date	To Date	8	The state of the s		For	Office Use Only	
Expenditures	11/26		12/31					
A. Amount Brought Forward F	rom Last Report	\$ _	1793.90			· · · · · · · · · · · · · · · · · · ·	يعام مدر	
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$	0	1				3 2
(From Schedule I) C: Total Funds Available (Sum of Lines A and B) -1793.90								
D. Total Expenditures (From Schedule III)		. \$	0				21.02	л ப
E. Ending Cash Balance (Subtract Line D from Line C)		\$ -	1793.90					77 72
F. Value of In-Kind Contributio (From Schedule II)	ns Received	\$	0				<u> </u>	に
G. Unpaid Debts and Obligatio (From Schedule IV)	ins	\$	0					
			Affidavit Se					
Part 1- If this is a Committee report I swear (or affirm) that this report,						and helief tr	ue correct and comple	to
Sworn to and subscribed before me	e this	t ,	paper, is co are	Will L	ILL		Je, confect and comple	te.
day of January	Lunewell	21		Mich	ature of I	Person Submi	itting report	_
Signature						Printed Name		_
	N NOISSIMMOC		<u>(</u>	814		40	60-5957	
PENNSALVANIA	ERIE COUNTY. ERIE COUNTY. CÜMMISSIÖN EI			Area Code		Dayt	time Telephone Numbe	er
Part III If this is a report of gardie		ommit ee, candi Delie this poli			ed any pi	rovisions of th	ne Act of June 3, 1937 (P.L. 1333, NO.320) as
amended. Sworn to and subscribed before me		A Section 1						
					-			
day of	20].	_		Signatı	ure of Candida	ate	
Signature					Pri	inted Name		_
My Commission expires MO.	DAY YR.			rea Code		Double	T-lb Nib	_
WO.	DAT INC		^	ilea code		Daytir	me Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	Michael Pace	•

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

	Michael P	ace			
	1				Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	Jii Cet Addi e33				1 1
	the state of the s				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
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Cina) C+-+-	7in Codo	Date [8484 Inn Anna)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Service Control			The state of the s	gart a fregularia da la dicar com est	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$.
Committee					. '
House #	Street Address			Date [MM/DD/YYYY]	.\$
]·.
City	*	State	Zip Code	Date [MM/DD/YYYY]	\$
					. :
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	1.
Full Name of Co	ntributing		1	Date [MM/DD/YYYY]	\$
Committee	1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :				
House #	Street Address			Date [MM/DD/YYYY]	\$
City	190 - 120 - 110	State	Zip Code	Date [MM/DD/YYYY]	\$
San Friedrich San Friedrich				N W 100000	
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1			[, ·

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		
	Michael Pace	
	I	

The region comments of the second	sava i EBB da district d				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	4.5
House #	Street Addre	الدين		Date [MM/DD/YYYY]	
House #	Jueet Audie	iss		nare hand not confi	
					[2000] [2000]
City	1 11 11 11 12 12 12 12 12 12 12 12 12 12	State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Co	ntributar	V(198-35) (150)	September 1998 April 1997	Date [MM/DD/YYYY]	
i un name of co				Date [WIND DD/ TTTT]	
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
		\$5		N. C. M. W. W. T. 1997 - T. C. T.	
	李德·李安				
City		State	Zip Code	Date [MM/DD/YYYY]	. .
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
		·······•]			
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
Complete (Complete Complete Co					
City	[25] HATTER 125 1	State	Zip Code	Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1		June	Lip Cout	Pare Hand professions	
196 (A)					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
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		->.1			
House #	Street Addre	SS		Date [MM/DD/YYYY]	S
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City	Madadher je sayakteri saa s	State	Zip Code	Date [MM/DD/YYYY]	*. * .\$
	ember disselv saw	以 於與例3			486 <u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	ec		Date [MM/DD/YYYY]	S .
		T.			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Co	ntributor	17 (18 (8) 97)	to switch payor within the	Date [MM/DD/YYYY]	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
				Date [WIN/DD/1111]	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$.
		6			
State of the state		NA			
City		State	Zip Code	Date [MM/DD/YYYY]	Š
70 West (668)		1000			Free Park

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	on Number: Michael Pace	е			<u>.</u>
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co		K. Harasa Sari	Fe CIS B CARD (48)	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee	(\$40.45 to 1		Date [MM/DD/YYYY] \$	집 전 경
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	3 8 4 6
Full Name of Contributing Co	ommittee	Linear control	1 St. See The American	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	I St. of Two Romania and	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	5
House #	Street Address		77	Date [MM/DD/YYYY] \$	
City //	The second of the second	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

<u> </u>	,			
Filer Identification	n Number: Michael Pac	е		
La tipe hap, it is sept from a firm and it.	Control of the Contro			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address		 	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				12.7 (1.2) 1.2)
Employer Name				Occupation
Employer Mailir Principal Place o				
Full Name of Co	ntributor			Pate [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	व्यास्थित्यमा सम्पर्धिताः ।	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		"		Occupation
Employer Mailir Principal Place o				[2007] [2007] [2007]
Full Name of Co	The State of the S			Date [MM/DD/YYYY] \$
ali esp				3.60 J. 60 J
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			F 2 25 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Occupation
Employer Mailin Principal Place o				
Full Name of Co	2. St. Sect. School Cale and Cale St. C			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	108 (43548808704 NO	State	Zip Code	Date [MM/DD/YYYY] \$
		12 A A A A A A A A A A A A A A A A A A A		
Employer Name		[15,1 803 - 56 s]	1 1 175 - 1 4 TV + 4k + 15	Occupation
Employer Mailin	g Address /			NESCHIERT
Principal Place o				

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	Michael Pace			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1	1 1200 31
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	generalis Park Ar			
House #	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description		10 00 1	[- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Full Name				
House #	Street Address			,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			•	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		* · · · · · · · · · · · · · · · · · · ·		- Line 1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: Michael I	Pace			
1. UNITEMIŻED IN-KIND CONTRI	IBUTIONS:RECEIVED-VAL	UE OF \$50.00	OR LESS PER CONTRIBUTOR	a saltas er s eta petakak
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (F	FROM PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.	00 (FROM PAF	.R⊤ G)	
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			0	,

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

■ 5. 医部上的 (正) 支配 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
Filer Identification Number:		
■ Michael Pace		
■ Michael Pace		
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4 A. L. C. S. March, N. C. C. S. M. Carrier, C. C. Carrier, C. Marchell, Phys. Lett. B 54, 127 (1997).		
IN SECTION CAN SECUL STREET STORY OF SECTION FOR A SECTION OF		

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Full Name of Co	Intributor			Date [MM/DD/YYYY]	\ \ \ \ \ \ \ \ \ \ \ \ \ \
House#	Street Address			Date [MM/DD/YYYY]	\$ S
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City		State	Zip Code	Date [MM/DD/YYYY]	\$
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Description of C	Contribution	1902	ESTAGLOS extent		
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Full Name of Co	Intributor			Date [MM/DD/YYYY]	
	STATE OF THE PROPERTY OF THE P			TESSE/DD/WWWT	131
House #	Street Address			Date [MM/DD/YYYY]	.
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City	Professional Review of the American	State	Zip Code	Date [MM/DD/YYYY]	\$
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Description of C	ontribution	(4) 4 6)			,
Full Name of Co	entrihittar	<u>441</u>		Date [MM/DD/YYYY]	\$
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erika <u>karangan</u>				· · · · · · · · · · · · · · · · · · ·	18 18 18 18 18 18 18 18 18 18 18 18 18 1
House #	Street Address			Date [MM/DD/YYYY]	\$

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City		State	Zip Code	Date [MM/DD/YYYY]	\$
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Description of Co	ontribution		1 State of the sta		
The state of the s					
Full Name of Co	Atributor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
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	Secretary of the property of the secretary of the secreta				
City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of Co	ontribution	The state of the s	Padia Salasa aga		<u> </u>
State San Williams		<u> 4</u>			
Full Name of Cor	Atributor			Date [MM/DD/YYYY]	\$
					1994
House#	2007.1.533			MANAGEMENT AND	
HOUSE #	Street Address			Date [MM/DD/YYYY]	\$
	Paris and a			l j	
City	IMPONETA SECTION AND ADMINISTRA	State	Zip Code	Date [MM/DD/YYYY]	.\$
				<u></u>	
Description of Co		<u> </u>	A STATE OF THE STA		
Description	Mitibution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

■ Filer Identification Number:		
Filer Identification Number:		
■ Michael Pa	ace	
I wildited i c		
■ 記録は、1000円式に載されることに対することができません。		

Full Name of Contributor		Date [MM/DD/YYYY] \$
		[변화] [124 [248]
House # Street Addr	ess	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princi Place of Business	pal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	sss	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princi Place of Business	pal .	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
		2.50 2.60 2.60 2.60
House # Street Addre	SSS	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princip Place of Business	pal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	iss	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princip Place of Business	bal	Description of Contribution

Statement of Expenditures

Filer Identification Number:	Michael Pace	

To Whom Pak	1			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paic	MANAGER STATE OF THE STATE OF T			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	·		Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	Street Address		Description of Expenditure
City	• · · · · · · · · · · · · · · · · · · ·	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address	Street Address		Description of Expenditure
City	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Code	Commission of the commission o

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identificatio	n Number: Michael Pace			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Debt		487 2078 - 168 201	_167.41
Name of Credit	or.	,	<u>**</u>	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of C)ebt		•	
Name of Credite	or		***	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	*
City		State	Zip Code	
Description of D		······································		
Name of Credito	Control of the contro			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of D	- 1	State	Zip Code	
Name of Credito	4. A. C.			Outstanding Balance of Debt
House #	Street Address	## <u>F</u>	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Cöde	
Description of D	ebt		Transfer of the state of the st	
Name of Credito)r			Outstanding Balance of Debt
House #	Street Address	14- 14- 14-	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt		Processor and the second secon	